

**FILED**

NOV 18 2022

PRENTICE R. THOMAS 2225682  
Name and Prisoner/Booking Number

FRESNO COUNTY JAIL  
Place of Confinement

P.O. Box 872  
Mailing Address

Fresno C.A. 93712  
City, State, Zip Code

CLERK U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY [Signature] DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA**

PRENTICE R. THOMAS  
(Full Name of Plaintiff) Plaintiff,

v.

LILY HITCHNER M.D.  
(1) COMMUNITY REGIONAL MENTAL CENTER  
(Full Name of Defendant)

(2) SHERIFF OFFICER, B. WENNER #11520

(3) PONCE, ADRIANA (P1716) F.P.D.

(4) JUSTIN GARCIA (P2019) F.P.D.  
Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO.

1:22-cv-01492-BAM (PC)  
(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

- ☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

**RECEIVED**

NOV 18 2022

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

☐ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☒ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: \_\_\_\_\_

2. Institution/city where violation occurred: FRESNO COUNTY JAIL FRESNO CALIFORNIA

CLERK U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY [Signature] DEPUTY CLERK

### B. DEFENDANTS

1. Name of first Defendant: B. WEAVER #1520. The first Defendant is employed as:  
OFFICERS at FRESNO COUNTY SHERIFF OFFICE.  
(Position and Title) (Institution)
2. Name of second Defendant: JUSTIN GARCIA. The second Defendant is employed as:  
FRESNO Police OFFICER (P2019) at FRESNO Police DEPARTMENT.  
(Position and Title) (Institution)
3. Name of third Defendant: ADRIANA PONCE <sup>21</sup>. The third Defendant is employed as:  
FRESNO Police OFFICER (P1716) at FRESNO Police DEPARTMENT.  
(Position and Title) (Institution)
4. Name of fourth Defendant: LILY HITCHNER. The fourth Defendant is employed as:  
M.D. at C.R.M.C.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

### C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

## D. CAUSE OF ACTION

## CLAIM I

1. State the constitutional or other federal civil right that was violated: DUE PROCESS RIGHTS

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities                        | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings                 | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation  |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ON 09-06-22 WHILE PRENTICE R. THOMAS WAS IN THE CUSTODY  
OF B. WEAVER AN FRESNO COUNTY SHERIFF OFFICER WEAVER #11520 ORDER  
AN REGISTERED NURSE OF C.R.M.C. TO ASSAULT PRENTICE. WHEN THIS  
R.N. TACKLED THOMAS HIS ACTIONS CAUSED PRENTICE THOMAS TO HIT  
HIS HEAD ON THE HOSPITAL FLOOR AN SEVERELY INJURED HIS BACK AN  
CAUSED MOBILITY ISSUES. THOMAS ALSO HAS A HARD TIME SLEEPING  
BECAUSE OF THE NIGHTMARES FROM THE ASSAULT AN CAN NOT HOLD  
HIS BODY FLUIDS WHILE HE IS SLEEPING "WETS THE BED" THOMAS  
ALSO HAS NOT BEEN ABLE TO RECEIVE A ERECTION BECAUSE OF THE  
ACTIONS OF THE REGISTERED NURSE'S ASSAULT.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

BY THIS OFFICE ORDER THE R.N. TO ASSAULT THOMAS, HE HAS MOBILITY  
ISSUES AN IS UNABLE TO CONTROL BODY FUNCTIONS WHILE THOMAS SLEEPS.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- Did you submit a request for administrative relief on Claim I? ☐ Yes ☒ No
- Did you appeal your request for relief on Claim I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. PRENTICE R. THOMAS FILED A CITIZENS COMPLAINT.

## CLAIM II

1. State the constitutional or other federal civil right that was violated: RIGHTS TO MEDICAL CARE.
2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation             |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |  |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- ON 8.30.22 PRENTICE R. THOMAS WAS BROUGHT TO EMERGENCY THOMAS  
COMPLAINED OF PAIN MOSTLY ~~CAUSED~~ CAUSED BY EXCESSIVE FORCE BY  
OFFICER LILY HITCHNER AS A WITNESS AND A MANDATED REPORTER  
DID NOTHING TO HELP THOMAS. 30 MIN AFTER THOMAS LEFT COMMUNITY  
REGIONAL MED CENTER HE WAS BROUGHT BACK ONLY TO BE ADMITTED  
IN TO THE HOSPITAL AS A PATIENT ON THE 9TH FLOOR ROOM 918.  
PRENTICE THOMAS WAS BROUGHT BACK TO C.R.M.C AFTER HE WAS  
GIVEN 3 CANS OF NARCANE AFTER BEING FOUND NON RESPONSIVE BY  
THE FRESNO COUNTY JAIL SHERIFF OFFICERS. ON 09.08.22 I WAS RELEASED  
FROM C.R.M.C. WITH A TREATMENT PLAN THAT HAS NOT BEEN FOLLOWED  
UP BY THE FRESNO COUNTY JAIL MEDICAL STAFF "WELL PATH" AND ON 09.08.22  
I WAS ASSAULTED BY AN REGISTERED NURSE OF C.R.M.C THE R.N.  
IS THE SAME R.N. THAT WAS TO CARE FOR MY MEDICAL NEEDS WHILE  
I WAS IN PATIENT ON THE 9TH FLOOR 918, ON 09.08.22 ON THE 2ND  
FLOOR HE TACKLED PRENTICE R. THOMAS AND CAUSED THOMAS IMMENSE BACK  
PAIN AND MOBILITY ISSUES.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- BECAUSE LILY.H DID NOT TAKE TIME TO FULLY CARE FOR HER PATIENT PRENTICE  
THOMAS. 30 MINS AFTER THOMAS WAS FORCED TO LEAVE C.R.M.C HE WAS FOUND  
DEAD IN A HOLDING CELL AT THE FRESNO COUNTY JAIL.
5. **Administrative Remedies.**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
  - Did you submit a request for administrative relief on Claim II? ☐ Yes ☒ No
  - Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
  - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. I FILED A CLAIM, MY CLAIM # CA00808845

## CLAIM III

1. State the constitutional or other federal civil right that was violated: DUE PROCESS RIGHTS
2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities                        | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings                 | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation  |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |                                       |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- ON THE DATE OF 08.30.22 PRENTICE R. THOMAS WAS ASSAULTED  
AT C.R.M.C. BY JUSTIN GARCIA P2019 AN OFFICER ADRIANA PONCE  
P1716 WHILE THOMAS WAS STATING TO MEDICAL STAFF AN OFFICER  
THAT HE WAS HAVING CHEST PAIN, AN PAIN TO LEFT SIDE OF HIS BODY  
OFFICER TOOK 4 TROUS APPLYING PRESSURE POINT HOLDS ON THOMAS  
NECK AN OTHER AREAS. OFFICER FORCED THOMAS TO LEAVE COMMUNITY  
REGIONAL MEDICAL CENTER ONLY TO RETURN 30 mins LATER NOW  
RESPONDING. COMMUNITY REGIONAL MED CENTER STAFF COULD NOT TAKE PRENTICE  
THOMAS BLOOD PRESSURE AN OTHER VITALS BECAUSE OF FRESNO POLICE  
OFFICERS WERE CROWDING AROUND THOMAS BED SIDE, THIS MADE  
IT UNABLE FOR MEDICAL STAFF TO DO THERE JOB EFFECTIV.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- THOMAS.P. HAS NERVE DAMAGE TO LEFT SIDE OF BODY.
5. **Administrative Remedies.**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
  - Did you submit a request for administrative relief on Claim III? ☐ Yes ☒ No
  - Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☒ No
  - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. PRENTICE THOMAS FILED AN CITIZEN COMPLAINT WITH  
THE FRESNO POLICE DEPARTMENT

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

---

---

---

---

---

---

---

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-11-2022  
DATE

Prentice R. Thomas  
SIGNATURE OF PLAINTIFF

\_\_\_\_\_  
(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

11-11-22

TO WHOM IT MAY CONCERN

ON 11/11/22 I PRENTICE R. THOMAS  
WILL BE FILING A CIVIL ACTION  
IN THE UNITED STATES DISTRICT  
COURTS EASTERN DISTRICT OF CALIFORNIA  
AT THIS TIME I AM ASKING FOR THE  
COURTS TO LET ME FILE WITH APPLICATION  
TO PROCEED WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT. BUT AFTER THE  
FIRST MONTH AFTER MY FILING TAKE  
20 PERCENT OF MY MONEY WHEN IT IS  
SENT TO MY ACCOUNT. I AM A VICTIM  
OF REPRISAL BY JAIL STAFF AND I CAN  
NOT RECEIVE MY TRUST ACCOUNT STATEMENT  
AS REQUESTED BY THE COURT, BUT I  
CAN PROVIDE THE COURTS WITH MY  
LAST CANTEN RECIPT TO SHOW MY  
BALANCE. \$1.35 PREVIOUS \$11.21  
MY ARREST DATE WAS 8-30-22

THANK YOU FOR YOUR  
TIME AND ATTENTION  
RESPECTFULLY PRENTICE  
THOMAS

JO20014

F

10/11/2022  
7:11:01 AMCANTEEN OFFRESNO  
FRESNO COUNTY JAIL  
Pick List

Name: PRENTICE THOMAS

Inv. Date: 10/11/2022

Id: 1202598

Module: AJ020014

Invoice: 5983248

Serial #: 000005

Qty	Item	Code #	Price	Amount
1	COFFEE 10 PK COFFEE 10 PK	222	\$3.29	\$3.29
1	FOLGERS 7 PK-KVH	223	\$3.49	\$3.49
1	BUTTERSCOTCH-V	314	\$1.69	\$1.69
1	FLAMIN HOT CHEETOS	614	\$1.39	\$1.39
4				
	Previous Balance:	\$11.21	Base Sale:	\$9.86
	New Balance:	\$1.35	Debitok:	\$0.00
			Tax:	\$0.00
			Total:	\$9.86

Signature: \_\_\_\_\_

SIGNATURE ON THIS PICK LIST INDICATES I HAVE RECEIVED ALL PRODUCT  
LISTED ABOVE.

For Transactions:

Qty	Item	Code #	Reason
1	FLAMIN HOT CHEETOS	614	Insufficient Funds



Name PRENTICE THOMAS <sup>1202598</sup> PRO SE  
Street Address P.O. Box 872  
City and County FRESNO  
State and Zip Code CALIFORNIA  
Telephone Number 559-213-2365

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

PRENTICE R. THOMAS PRO SE

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

COMMUNITY REGIONAL MEDICAL CENTER  
LILY HITCHCOCK ADRIANA PACE PR16  
JOSUE GARCIA PR219 B. WEAVER #11520

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No  
(check one)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>PRENTICE R. THOMAS 1202598</u> <sup>PRO Se</sup>
Street Address	<u>P.O. BOX 872</u>
City and County	<u>FRESNO</u>
State and Zip Code	<u>CALIFORNIA</u>
Telephone Number	<u>559-213-2365</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>B. WEAVER #11520</u>
Job or Title (if known)	<u>FRESNO COUNTY SHERIFF OFFICER</u>
Street Address	<u>2200 FRESNO STREET</u>
City and County	<u>FRESNO CALIFORNIA</u>
State and Zip Code	<u>CALIFORNIA 93717</u>
Telephone Number	<u></u>

**Defendant No. 2**

Name	<u>COMMUNITY REGIONAL MEDICAL CENTER</u>
Job or Title (if known)	<u>LILY HITCHNER M.D.</u>
Street Address	<u>2823 FRESNO ST</u>
City and County	<u>FRESNO CALIFORNIA</u>
State and Zip Code	<u>93721</u>
Telephone Number	<u>559-459-2930</u>

## Defendant No. 3

Name GARCIA JUSTIN (P2019)  
 Job or Title POLICE OFFICER  
 (if known)  
 Street Address 2323 MARIPOSA STREET #2075  
 City and County FRESNO C.A.  
 State and Zip Code CALIFORNIA 93721  
 Telephone Number \_\_\_\_\_

## Defendant No. 4

Name ADRIANA PONCE (P1716)  
 Job or Title POLICE OFFICER  
 (if known)  
 Street Address 2323 MARIPOSA STREET #2075  
 City and County FRESNO  
 State and Zip Code CALIFORNIA 93721  
 Telephone Number \_\_\_\_\_

## II. Basis for Jurisdiction

Federal Courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in Federal Court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same state as any plaintiff.

What is the basis for Federal Court jurisdiction? (check all that apply)

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

---

---

---

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

**a. If the plaintiff is an individual**

The plaintiff, (name) <sup>Pro se</sup> PRENTICE R. THOMAS, is a citizen of the State of (name) ARIZONA.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

**a. If the defendant is an individual**

The defendant, (name) JUSTIN GARCIA (P2019) is a citizen of the State of (name) CALIFORNIA. Or is a citizen of (foreign nation) \_\_\_\_\_.

(P. 116)

1 THE DEFENDANT, (NAME) ADRIANA PONCE IS  
2 INCORPORATED UNDER THE LAWS OF THE STATE OF  
3 CALIFORNIA AND HAS ITS PRINCIPAL PLACE OF  
4 BUSINESS IN THE STATE OF (NAME) CALIFORNIA OR IS  
5 INCORPORATED UNDER THE LAWS OF (FOREIGN NATION)  
6 \_\_\_\_\_ AND HAS ITS PRINCIPAL PLACE OF  
7 BUSINESS IN (NAME) \_\_\_\_\_.

8  
9  
10 THE DEFENDANT, (NAME) B. WEAVER #11520 IS  
11 INCORPORATED UNDER THE LAWS OF THE STATE OF  
12 CALIFORNIA AND HAVE ITS PRINCIPAL PLACE OF  
13 BUSINESS IN THE STATE OF (NAME) CALIFORNIA OR IS  
14 INCORPORATED UNDER THE LAWS OF (FOREIGN NATION)  
15 \_\_\_\_\_ AND HAS ITS PRINCIPAL PLACE OF  
16 BUSINESS IN (NAME) \_\_\_\_\_.

17  
18  
19  
20 THE DEFENDANTS  
21  
22  
23  
24  
25  
26  
27  
28

4-A

b. If the defendant is a corporation

The defendant, (name) <sup>C.R.M.C</sup> LILY HITCHNER, is  
incorporated under the laws of the State of (name)  
CALIFORNIA, and has its principal place of  
business in the State of (name) CALIFORNIA. Or is  
incorporated under the laws of (foreign nation)  
\_\_\_\_\_, and has its principal place of  
business in (name) \_\_\_\_\_.

(If more than one defendant is named in the complaint, attach an  
additional page providing the same information for each additional  
defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant  
owes or the amount at stake—is more than \$75,000, not counting interest  
and costs of court, because (explain):

THE PLAINTIFF IS REQUESTING AN AWARD  
OF 2.5 MILLION FOR PUNITIVE AND ACTUAL DAMAGES.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as  
briefly as possible the facts showing that each plaintiff is entitled to the damages or other  
relief sought. State how each defendant was involved and what each defendant did that  
caused the plaintiff harm or violated the plaintiff's rights, including the dates and places  
of that involvement or conduct. If more than one claim is asserted, number each claim  
and write a short and plain statement of each claim in a separate paragraph. Attach  
additional pages if needed.

ON 09.8.22 WHILE IN THE CUSTODY OF SHERIFF OFFICER  
B. WEAVER 11520 PRENTICE R. THOMAS WAS ASSAULTED  
BY A REGISTERED NURSE ON THE 2<sup>nd</sup> FLOOR OF C.R.M.C.  
IN FRESNO. THOMAS BANGED OUT FROM HITTING HIS HEAD  
ON THE FLOOR OF THE HOSPITAL AND ALSO HAS BACK PAIN FROM APPROX.

1 STATEMENT OF CLAIM / Fresno P.D. Excessive Force  
2 ON 8.30.22 PRENTICE R. THOMAS WAS ARRESTED BY JUSTIN GARCIA  
3 P2019 AN ADRIANA PONCE P116 OF THE FRESNO POLICE DEPARTMENT.  
4 OFFICERS USED EXCESSIVE FORCE BY DOBBIE TAZEING PRENTICE THOMAS  
5 AN WOULD NOT LET HOSPITAL STAFF TAKE THOMAS BLOOD PRESSURE  
6 AND OTHER VITALS BY CROWDING AROUND THOMAS HOSPITAL BED.  
7 WHILE THOMAS WAS HAVING CHEST PAIN AN NO FEELING TO THE LEFT  
8 LEG AN ARM OFFICERS FORCED THOMAS TO LEAVE THE EMERGENCY  
9 ROOM ONLY TO HAVE THE FRESNO COUNTY JAIL STAFF TO BRING THOMAS BACK  
10 30 MINS OR SO LATER, JAIL STAFF ALSO HAD TO GIVE PRENTICE THOMAS  
11 3 NARCANO SPRAYS TO BRING THOMAS BACK TO LIFE. AFTER OFFICERS  
12 FROM THE FRESNO P.D. TOOK THOMAS FROM THE EMERGENCY ROOM THESE  
13 SAME OFFICERS TOOK TRUNKS APPLYING PRESSURE POINT HOLDS  
14 WHILE THOMAS WAS COMPLAINING OF CHEST PAIN AN NOT HAVING  
15 FEELING TO LEFT SIDE OF HIS BODY,  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 STATEMENT OF CLAIM / LILY.H COMMUNITY REGIONAL med  
2 ON 8-30-22 PRENTICE R. THOMAS WAS BROUGHT TO COMMUNITY  
3 REGIONAL MEDICAL CENTER BY FRESNO P.D. FOR BEING DUBBIE TAZED  
4 AND FOR HAVING CHESS PAIN. MOST OF THOMAS PAIN WAS CAUSE  
5 BY EXCESSIVE FORCE BY OFFICERS. LILY HITCHNER STOOD BY AS A  
6 WITNESS AND A MANDATED REPORTER, AS OFFICERS CROWDED AROUND  
7 PRENTICE R. THOMAS HOSPITAL BAD STOPPING HOSPITAL STAFF FROM  
8 TAKING THOMAS BLOOD PRESSURE AN OTHER VITALS. LILY.H.  
9 RELEASED PRENTICE THOMAS AN 30 MINS OR SO P. THOMAS WAS  
10 BROUGHT BACK TO C.R.M.C. NON RESPONSIVE. THOMAS HAD TO BE  
11 ATTENDED INTO C.R.M.C TO THE 9TH FLOOR ROOM 918. JAIL STAFF HAD  
12 TO GIVE THOMAS 3 CANS OF NARCAN TO BRING THOMAS BACK TO  
13 LIFE.



#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

EVERY SINCE THE DAY OF THE ASSAULT BY THE REGISTERED  
NURSE OF THE C.R.M.C THOMAS.P HAS NIGHTMARES OF THE  
ASSAULT, IS UNABLE TO HOLD HIS BODY FLUIDS WHILE SLEEPING  
HAS SEVERE BACK PAIN, IS UNABLE TO GET AN ERECTION  
"PIMP DICK" AND IS NOW MOBILITY IMPAIRED WITH A DROPPED

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: November 18, 2022.

Signature of Plaintiff PRENTICE R. THOMAS PRO SE  
Printed Name of Plaintiff PRENTICE R. THOMAS PRO SE

## REQUEST FOR RELIEF

ON 8.30.2022 ON THE HOSPITAL GROUNDS OF C.R.M.C. FRESNO P.D. OFFICERS JUSTIN GARCIA (P2019) AND OFFICER ADRIANA PONCE (P1716) USED EXCESSIVE FORCE ON PRENTICE R. THOMAS. OFFICER WOULD NOT LET THOMAS BE SEEN BY MED STAFF OF C.R.M.C. BECAUSE OF THESE ACTIONS OF FRESNO P.D. THOMAS LATER DIED IN A HOLDING CELL OF THE FRESNO COUNTY JAIL. FOR PUNITIVE DAMAGES THE PLAINTIFF IS ASKING \$1. million AND AND FOR ACTUAL DAMAGES FROM EXCESSIVE FORCE THE PLAINTIFF ASK THE COURTS TO AWARD \$100,000 FOR NERVE DAMAGE FROM EXCESSIVE FORCE. OFFICERS ALSO TOOK \$500.00 AT THE TIME OF ARREST THAT THOMAS WANTS RETURNED. I AM REQUESTING A TRIAL BY JURY.

ON 8.30.22 THOMAS WAS BROUGHT TO C.R.M.C. EMERGENCY FOR BEING TAZED MULTIPLE TIMES AT ONCE BY FRESNO P.D. AND FOR HAVING GHEST PAINS AS A MANDATED REPORTER ILLY.H. AS AN WITNESS TO THE EXCESSIVE FORCE. DID NOT ADDRESS PRENTICE R. THOMAS medical needs WITH CARE. ASS M.D. SHOULD BECAUSE OF THESE ACTIONS P. THOMAS LATER DIED IN A FRESNO COUNTY JAIL HOLDING CELL. FOR THOSE ACTIONS THE PLAINTIFF IS ASKING THE COURTS TO AWARD \$1. million FOR THE DEATH OF THOMAS FOR THE ACTIONS OF C.R.M.C. I AM REQUESTING TRIAL BY JURY.

ON 09.08.22 S.O. B. WEAVER #11520 AN OFFICER HARROLD CLEER AN R.N. OF C.R.M.C. TO ASSAULT PRENTICE R. THOMAS ON THE 2<sup>ND</sup> FLOOR OF C.R.M.C. THOMAS HAS SEVERE BACK PAIN. AN CAN NOT HOLD HIS BODY FLUIDS WHILE HE SLEEP. AN ALSO HAS A DROP FOOT AN mobility issues FROM THIS R.N. ASSAULT. THE PLAINTIFF IS ASKING FOR PUNITIVE DAMAGES FROM THE COURT OF \$700,000 AN ACTUAL DAMAGES OF \$200,000 FROM THE S.O. DEPARTMENT. FOR EXCESSIVE FORCE. I AM REQUESTING A TRIAL BY JURY.

G/A.